## LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

(Type or print clearly in black ink)

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

L-2

LOBBYISTS (Sec. 67-6619)

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STATE OF IDAHO

See instructions at bottom of page

Lobbyist's name and permanent business address

HOWALD WEEKS

Period covered 2006

Year ending

HOWARD WEEKS 10250 HWY 12 CROFINO, IDAHO 83544 //10/07 | Year ending | (Mo.) (Day) (Yr.) | 1 | 10 | 07

		7				, , , , ,		(Mo.)	(Day)	(Yr.)	
FAL	2/10	AHO	83544					1	10	07	
tem 1			ole expenditures made or	incurred by L	obbyist o	by Lobbyist's Empl	oyer on behalf o	of Lobby:	ist's Emplo	yer.	
Category of Expenditure teimbursed Personal Living and Travel expenses Pertaining to Lobbying Activity Do Not Have to be Reported			* Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)							
			All Employers	Employer No. 1		Employer No. 2 Employe		No. 3 Employer l		er No. 4	
intertai	nment d Refreshn	nent	\$ 2324,94	\$ 2324	1.94	\$	\$		\$		
Living Accommodations			2920.22	2920	2,22						
Adverti	sing										
Travel			4301.40	4301.40							
Telephone			167.00	167	,00						
Other Expenses or Services			10.40	10.	40						
		Total	\$ 4123 16	\$ <u>4723</u>	3/6	\$	\$	[	\$		
			s you are reporting for requi					nould be en	ntered on Pa	ge 1.	
tem 2	The totals  Date	of each expend	liture of more than fifty of Place	Amou			of Legislators & Public Officials in Group				
	Date	1 lacc		71110		T (dimes	J. 130510101010101	-		r	

Continued on attached page(s) Item Employer(s) Name(s) and Address(es) INSTRUCTIONS CLEARWATER POTLATEN TIMBER PROTECTIVE ASSOCIATIO 10250 Huy 12 Who should file this form: Any lobbyist registered under Section OROFIND, 10 83544 67-6617 Idaho Code. No.2 Filing deadline: Annual report is due on January 31st. TO BE FILED WITH: Ben Ysursa No.3 Secretary of State PO Box 83720 Boise, ID 83720-0080

No.4

	I	ate	erty to any Legislator, or for or on behalf		Name of Legislator Receiving or Benefited					
	Subject Code on table)	ect matter of ouse Bill, Re obbyist was Bill, Reso Legislative	Amount  proposed legislatical solution or other supporting or op	on, the number of the Senate legislative activity in which	Code 01 02 03 04 05 06	Name of Legislator Receiving	BJECT Code 17  18 19 20 21 22 23 24 25 26 27 28 29 30	IDENTIFICATION  Subject Health service, medicine, drug and controlled substances, hea insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution anservices Natural resources, forest and forest products, fisheries, minitiand mining products Public lands, parks, recreation Social insurance, unemployme insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)		
						Lobely St Signature  Lobely St Signature  Employer No. 1 signature  Employer No. 2 signature	eln eln me)	Date    1/10/07   Date   Date		
CER	TIEICATE			above is a true, complete and		Employer No. 3 signature		Date		